

REPORTERS COMMITTEE

FOR FREEDOM OF THE PRESS

1156 15th Street NW, Suite 1020
Washington, DC 20005
(202) 795-9300 | www.rcfp.org
Bruce D. Brown, Executive Director

STEERING COMMITTEE

STEPHEN J. ADLER
Reuters
J. SCOTT APPLEWHITE
The Associated Press
WOLF BLITZER
CNN
DAVID BOARDMAN
Temple University
MASSIMO CALABRESI
Time Magazine
MANNY GARCIA
USA Today Network
EMILIO GARCIA-RUIZ
The Washington Post
JOSH GERSTEIN
Politico
ALEX GIBNEY
Jigsaw Productions
SUSAN GOLDBERG
National Geographic
JAMES GRIMALDI
The Wall Street Journal
LAURA HANDMAN
Davis Wright Tremaine
DIEGO IBARGÜEN
Hearst
KAREN KAISER
The Associated Press
DAVID LAUTER
Los Angeles Times
DAHLIA LITHWICK
Slate
MARGARET LOW
The Atlantic
JANE MAYER
The New Yorker
COLLEEN MCCAIN NELSON
The McClatchy Company
MAGGIE MULVIHILL
Boston University
JAMES NEFF
The Philadelphia Inquirer
NORMAN PEARLSTINE
The Los Angeles Times
CAROL ROSENBERG
The New York Times
THOMAS C. RUBIN
Quinn Emanuel
CHARLIE SAVAGE
The New York Times
BEN SMITH
BuzzFeed
JENNIFER SONDAG
Bloomberg News
ADAM SYMSON
The E.W. Scripps Company
PIERRE THOMAS
ABC News
SAUNDRA TORRY
Freelance
VICKIE WALTON-JAMES
NPR
JUDY WOODRUFF
PBS/The NewsHour

SENIOR ADVISORS

CHIP BOK
Creators Syndicate
JOHN C. HENRY
Freelance
TONY MAURO
National Law Journal, ret.
ANDREA MITCHELL
NBC News
PAUL STEIGER
ProPublica

*Affiliations appear only
for purposes of identification*

January 17, 2020

Honorable Martin C. Carlson
Ronald Reagan Federal Bldg. & U.S. Courthouse
228 Walnut Street
Harrisburg, PA 17101

RE: *Julie Ellen Wartluft, et al., v. The Milton Hershey School and School Trust, et al.*, Case No. 1-16-cv-02145-JEJ

Dear Judge Carlson,

I am counsel for Intervenor The Philadelphia Inquirer, PBC (“The Inquirer”), in the above-captioned case. I write to provide Your Honor with the enclosed waivers executed by Plaintiffs Frederick Bartels and Julie Wartluft in response to arguments made by Defendants concerning the application of the Health Insurance Portability and Accountability Act, Pub. L. No. 104-191, 100 Stat. 2548 (codified as amended in scattered sections of U.S.C.) to judicial documents currently sealed in this matter. These waivers, executed on January 14, 2020, were filed as Exhibit A to the Reply Brief in Support of The Inquirer’s Motion to Unseal Judicial Records, ECF 308, (the “Second Motion to Unseal”). The Second Motion to Unseal filed by The Inquirer has not been referred to Your Honor. Because these waivers are also relevant to Defendants’ arguments in opposition to the motion to intervene and unseal judicial records filed by The Inquirer on June 20, 2019, which is currently pending before Your Honor, The Inquirer wanted to bring them to your attention.

In compliance with Local Rule 5.2, the Social Security Number present on both waivers has been redacted.

Respectfully submitted,

/s/ Katie Townsend
Katie Townsend
Counsel for Intervenor
The Philadelphia Inquirer, PBC

Enclosures

Cc: All counsel via CM/ECF

HIPAA PRIVACY AUTHORIZATION FORM

Authorization for Disclosure of Protected Health Information

Name of Individual Giving Authorization Frederick Bartels, Co-Administrator of Estate of Abrielle Bartels	Name of Individual Identified in Health Information Abrielle Bartels, Deceased	Social Security Number of Individual [REDACTED]
Address of Individual Giving Authorization 100 South Hickory Street Mount Carmel PA 17851		Telephone Number (717) 390-6807

I, Frederick Bartels, authorize the Milton Hershey School (the "School"), the Federal District Court for the Middle District of Pennsylvania, and any party or intervenor in the case of Wartluft v. Milton Hershey School ("Wartluft") and their counsel

Individual Authorizing**Person Providing Information**

to disclose the following protected health information: all mental health and medical records of Abrielle Bartels in the possession of the School, its counsel or my counsel, including any information obtained from her student records and from any third party health care providers or mental health facilities to the fullest extent allowable.

Information

to any Pennsylvania court (including the Third Circuit) or agency of the Commonwealth in any action in which these records are relevant that relate to the treatment of Abrielle Bartels, students or former students at the School, and in any court or agency filings related thereto without necessity for sealing at the court, and waive any confidentiality obligations in respect thereto to the fullest extent allowable.

Recipient of Information

This information shall be provided for the purpose of prosecuting, or defending against, the claims made against the School in Wartluft or the claim of any other student or former student of the School for discrimination on mental health grounds and to limit any required sealing orders of the courts or agencies.

Purpose of Disclosure

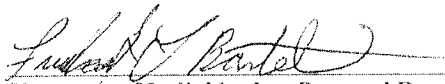
***IMPORTANT NOTE:** Except as expressly limited, this authorization grants the person providing information the right to disclose ALL of the personal medical information identified for the purposes described, including, if applicable, information about any diagnosis or treatment for any mental health condition, substance abuse, sexually transmitted disease (such as HIV), cancer, and the manifestation of and effects of a condition that happens to be genetic.

This authorization shall be in force and effective until the final resolution of Wartluft including appeals or any other case or proceeding presently ongoing against the School by a student or former student for mental health discrimination in any court or Pennsylvania agency.

I understand that:

- I have the right to revoke this authorization at any time by sending such written notification to the person authorized to make the disclosure, identified above.
- My revocation will not be effective to the extent that the authorized person has relied on the authorization before receiving the revocation, but will be effective after it has been received.

- Failure to furnish this authorization will not affect medical treatment, eligibility or enrollment for health coverage, or payment of health benefits.
- Once disclosed, the protected health information may no longer be protected by federal or state law and could be disclosed again by the recipient.



Signature of Individual or Personal Representative

1/14/2020
Date

If a personal representative is signing the form on behalf of the individual whose medical information is to be disclosed, please print the personal representative's name and describe his or her authority to act on behalf of the individual.

Frederick Bartels

Co-Administrator

Name of Personal Representative
Representative

Authority of Personal

A fax or photocopy of this form shall be as effective as the original. A copy of this form shall be provided to the authorizing individual.

HIPAA PRIVACY AUTHORIZATION FORM

Authorization for Disclosure of Protected Health Information

Name of Individual Giving Authorization Julie Wartluft, Co-Administrator of Estate of Abrielle Bartels	Name of Individual Identified in Health Information Abrielle Bartels, Deceased	Social Security Number of Individual [REDACTED]
Address of Individual Giving Authorization PO Box 148 Cornville, AZ 86325		Telephone Number (928) 821-5086

I, Julie Wartluft, authorize the Milton Hershey School (the "School"), the Federal District Court for the Middle District of Pennsylvania, and any party or intervenor in the case of Wartluft v. Milton Hershey School ("Wartluft") and their counsel

Individual Authorizing**Person Providing Information**

to disclose the following protected health information: all mental health and medical records of Abrielle Bartels in the possession of the School, its counsel or my counsel, including any information obtained from her student records and from any third party health care providers or mental health facilities to the fullest extent allowable.

Information

to any Pennsylvania court (including the Third Circuit) or agency of the Commonwealth in any action in which these records are relevant that relate to the treatment of Abrielle Bartels, students or former students at the School, and in any court or agency filings related thereto without necessity for sealing at the court, and waive any confidentiality obligations in respect thereto to the fullest extent allowable.

Recipient of Information

This information shall be provided for the purpose of **prosecuting, or defending against, the claims made against the School in Wartluft or the claim of any other student or former student of the School for discrimination on mental health grounds and to limit any required sealing orders of the courts or agencies.**

Purpose of Disclosure

***IMPORTANT NOTE:** Except as expressly limited, this authorization grants the person providing information the right to disclose ALL of the personal medical information identified for the purposes described, including, if applicable, information about any diagnosis or treatment for any mental health condition, substance abuse, sexually transmitted disease (such as HIV), cancer, and the manifestation of and effects of a condition that happens to be genetic.

This authorization shall be in force and effective **until the final resolution of Wartluft including appeals or any other case or proceeding presently ongoing against the School by a student or former student for mental health discrimination in any court or Pennsylvania agency.**

I understand that:

- I have the right to revoke this authorization at any time by sending such written notification to the person authorized to make the disclosure, identified above.
- My revocation will not be effective to the extent that the authorized person has relied on the authorization before receiving the revocation, but will be effective after it has been received.
- Failure to furnish this authorization will not affect medical treatment, eligibility or enrollment for health coverage, or payment of health benefits.
- Once disclosed, the protected health information may no longer be protected by federal or state law and could be disclosed again by the recipient.

Signature of Individual or Personal Representative

1-14-2020
Date

If a personal representative is signing the form on behalf of the individual whose medical information is to be disclosed, please print the personal representative's name and describe his or her authority to act on behalf of the individual.

Julie Wartluft

Name of Personal Representative

Co-Administrator

Authority of Personal Representative

A fax or photocopy of this form shall be as effective as the original. A copy of this form shall be provided to the authorizing individual.